Accident Investigation Data - Victim Information Event Number: 4 2 4 0 1 0 5

U.S. Department of Labor

Mine Safety and Health Administration

Victim Information: 1															
1. Name of Injured/III Employee:	s Age 4. Last Four Digits of SSN					5. Degree of Injury:									
Amon Brock	6174 01 Fatal														
6. Date(MM/DD/YY) and Time(24 Hr.)		7. Date and Time Started:													
a. Date: 5/20/2006 b.Time: 1:00 a. Date: 5/19/2006 b.Time: 15:45															
8. Regular Job Title:	9. Work Act	tivity when	Injured:				10. Was this work activity part of regular job?								
049 Afternoon Shift Foreman			087 Supe	ervising					Yes X No						
11 Evnerience	.,				.,				1 1						
a. This Work	Days	b. Regular	Years	Weeks	Days	c. This	Years	Weeks	Days	d. Total	Years	Weeks	Days		
Activity: 29 0	0	Job Title:	29	0	0	Mine:	4	44	5	Mining:	37	0	0		
12. What Directly Inflicted Injury or Illness? 13. Nature of Injury or Illness:															
045 Explosion Forces and Heat 370 Multiple Injuries															
14. Training Deficiencies:															
Hazard: New/Newly-Employed Experienced Miner: Annual: Task:															
15. Company of Employment:(If different from production operator)															
Operator Independent Contractor ID: (if applicable)															
16. On-site Emergency Medical Treatme	nt:														
Not Applicable: First-Ai	id:	C	PR:	EMT:		Medic	al Profes	sional:	None:	X					
17. Part 50 Document Control Number: (form 7000-	1)			18. Unio	n Affiliation	of Victim	n: 9999	None	(No Union	Affiliation				
Victim Information: 2															
1. Name of Injured/III Employee:	2. Sex	3. Victim	anΔ a's	4 Last I	Four Digit	ts of SSN:	1	5. Degree of	Injury:						
, , ,		33	is Age		_	13 01 0014.		ū	irijury.						
Jimmy D. Lee 6. Date(MM/DD/YY) and Time(24 Hr.) C	M Doath:	33		50	5022 01 Fatal 7, Date and Time Started										
o. Date(MIN/DD/11) and Time(24111.)	Deain.				7. Da				. Time 45	. 45					
a. Date: 5/20/2006 b.Time.	: 1:00					a.	Date: 5/1	9/2006 1	o.Time: 15.	:45					
8. Regular Job Title:			9. Work Act	ivity when	Injured:	jured:				s this work	activity pa	rt of regular	r job		
150 Shuttle Car Operator			093 Cutt	ing with A	cetylene	Torch				Yes	X No				
11. Experience Years Weeks	Dave		Voore	Weeks	Dave		Years	Weeks	Dave		Voore	Weeks	Days		
a. This Work	Days	b. Regular	. Years	Meers	Days	c. This	i cais	Weeks	s Days	d. Total	Years	Meers	Days		
Activity: 15 0	0	Job Title:	15	0	0	Mine:	3	6	0	Mining:	15	0	0		
12. What Directly Inflicted Injury or Illness? 13. Nature of Injury or Illness:															
045 Explosion Forces and Heat 370 Multiple Injuries															
14. Training Deficiencies:															
Hazard: New/New	wly-Employ	ed Experier	nced Miner:				Annual:		Task:						
15. Company of Employment: (If differen	t from prod	uction oper	ator)			Indonon	dont Cont	rootor ID: (if	applicable)						
Operator						пиереп	deni Com	tractor ID: (if	applicable)						
16. On-site Emergency Medical Treatme	nt:		1 1		1 1			Í	1	Last					
Not Applicable: First-Air		CPF	₹:	EMT:		Medic	al Profes	sional:	None:	X					
17.Part 50 Document Control Number: (f	orm 7000-1)			18. Unio	n Affiliation	of Victim	n: 9999	None	(No Union	Affiliation))			
Victim Information: 3															
Name of Injured/III Employee:	2. Sex	3. Victi	m's Age	4. Last	Four Dig	gits of SSN	1	5. Degree o	of Injury:						
George W. Petra	М	4	9		5664			01 Fata	n/						
6. Date(MM/DD/YY) and Time(24 Hr.) C	Of Death:				7. Da	ate and Tir	ne Starte	d							
a. Date: 5/20/2006 b.T	ime: 1:00				a.	Date: 5/19	9/2006	b.Time: 2	23:00						
8. Regular Job Title:			9 Work A	ctivity who						e this work	activity na	rt of regula	r ioh?		
						•				10. Was this work activity part of regular job?					
049 Foreman 022 Attempting to 6						Irom the n	nine			Yes	S No	X			
11. Experience: Years Weeks	Days	b. Regula	r Years	Weeks	Days	c. This	Years	s Week	ks Day	s d. Total	Years	Weeks	Days		
a. This Work	0	Job Title:		0	0	Mine:	4	E	2		0.0	0			
Activity: 0 0		000 11110.	4	U	U	1		5	3	Mining:	26	0	0		
12. What Directly Inflicted Injury or Illness? 13. Nature of Injury or Illness:															
045 Smoke, Carbon Monoxide 280 Carbon Monoxide Poisoning 14 Training Deficiencies:															
14. Training Deficiencies: Hazard: New/Newly-Employed Experienced Miner: Annual: Task:															
15.Company of Employment:(If different from production operator)															
Independent Contractor ID: (if applicable)															
Operator	nt:						001			,					
16. On-site Emergency Medical Treatme	1 1	_	DD:	□ N 47	r. I	N45 =	ical Draf-	anional:	Nor-	: x					
Not Applicable: First-Aid: CPR: EMT: Medical Professional: None: X 17. Part 50 Document Control Number: (form 7000-1) 18. Union Affiliation of Victim: 9999 None (No Union Affiliation)															

Accident Investigation Data - Victim Information Event Number: 4 2 4 0 1 0 5

U.S. Department of Labor

Mine Safety and Health Administration

Victim Information: 4																	
1. Name of Injured/III Employee:	. Name of Injured/III Employee: 2. Sex 3. Victim's				Age 4. Last Four Digits of SSN					5. Degree of Injury:							
Roy Middleton	35	6466 01 Fatal															
6. Date(MM/DD/YY) and Time(24 Hr.)		7. Date and Time Started:															
a. Date: 5/20/2006 b.Time: 1:00 a. Date: 5/19/2006 b.Time: 23:00																	
8. Regular Job Title: 9. Work Activity								10. Was this work activity part of regular job?									
020 Electrician	022 Atter	mpting to es	cape fro	om the min	e		Yes No X										
11 Evperience						14/	_		 								
a. This Work	Days b. Re	egular Years	Weeks	Days	c. This	Years	Weeks	Days	d. Total	Years	Weeks	Days					
Activity: 0 0	O Job	Title: 2	46	2	Mine:	2	31	1	Mining:	12	0	0					
12. What Directly Inflicted Injury or Illness? 13. Nature of Injury or Illness:																	
045 Smoke, Carbon Monoxide 280 Carbon Monoxide Poisoning																	
14. Training Deficiencies:																	
Hazard: New/Newly-Employed Experienced Miner: Annual: Task:																	
15. Company of Employment:(If different from production operator)																	
Operator Independent Contractor ID: (if applicable)																	
16. On-site Emergency Medical Treatme	ent:																
Not Applicable: First-A	id:	CPR:	EMT:		Medic	al Profes	sional:	None:	X								
17. Part 50 Document Control Number:	(form 7000-1)		1	8. Unior	n Affiliatior	of Victim	n: 9999	None	(No Union	Affiliation)							
Victim Information: 5	·								(7							
1. Name of Injured/III Employee:	2. Sex 3.	Victim's Age	4 Last Fo	our Digit	ts of SSN:		5. Degree of In	iury:									
		53		_	13 01 0014.		01 Fatal	jury.									
Paris Thomas	M	53	843	1	te and Tim												
6. Date(MM/DD/YY) and Time(24 Hr.) (Ji Deatii.			7. Da				r' 00	00								
a. Date: 5/20/2006 b.Time	: 1:00				a	Date: 5/19	9/2006 b. i	Fime: 23:	00								
8. Regular Job Title:		9. Work Ac	tivity when I	njured:				10. Wa	s this work	activity par	t of regular	job					
004 Mechanic 022 Attempting to escape from the mine									Yes	No	X						
11. Experience Years Weeks	Dave	Voore	Weeks	Dave		Years	Weeks	Dave		Voore	Weeks	Days					
a. This Work		egular Years	vveek3	Days	c. This	Tears	Megra	Days	d. Total	Years	Meers	Days					
Activity: 0 0	0 Job	Title: 23	0	0	Mine:	3		0	Mining:	23	0	0					
12. What Directly Inflicted Injury or Illness?																	
045 Smoke, Carbon Monoxide 280 Carbon Monoxide Poisoning																	
14. Training Deficiencies:																	
Hazard: New/Ne	wly-Employed Ex	sperienced Miner:				Annual:		Task:									
15. Company of Employment: (If differen	t from production	operator)			Indonon	dont Cont	tractor ID: (if o	anliaahla)									
Operator					пиереп	deni Con	tractor ID: (if ap	pplicable)									
16. On-site Emergency Medical Treatme	ent:	CPR:	i	1 1			1 1		1 1								
Not Applicable: First-Ai	EMT:		Medic	al Profes	sional:	None:	None: X										
17.Part 50 Document Control Number: (1	8. Unior	n Affiliatior	of Victim	n: <i>9999</i>	None (No Union Affiliation)										
Victim Information: 6																	
Name of Injured/III Employee:	2. Sex 3	s. Victim's Age	4. Last I	Four Dig	gits of SSN	ı	5. Degree of I	Injury:									
Paul E. Ledford	М	35	40	645			03 Davs a	awav from	work only								
6. Date(MM/DD/YY) and Time(24 Hr.)	Of Death:			i	ate and Tir	ne Starte		,	,								
				а	Date: 5/19	9/2006	b.Time: 23	2:00									
8. Regular Job Title:		Q Work A	ctivity when			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D. 111110. 20		e this work	activity par	t of rogular	rioh?					
	•	•				10. Was this work activity part of regular job?											
047 Roof Bolter Operator	n the mir	ne				Yes	S No	X									
11. Experience: Years Weeks	Days _{b R}	Regular Years	Weeks	Days	c. This	Years	s Weeks	Day	s d. Total	Years	Weeks	Days					
a. This Work			0	0	Mine:		20	0									
Activity: 0 0		Title: 14	3	0	1	2	39	0	Mining:	16	3	0					
12. What Directly Inflicted Injury or Illness? 13. Nature of Injury or Illness:																	
045 Smoke, Carbon Monoxide 280 Carbon Monoxide Poisoning																	
14. Training Deficiencies: Hazard: New/Newly-Employed Experienced Miner: Annual: X Task:																	
15.Company of Employment:(If different from production operator)																	
Independent Contractor ID: (if applicable)																	
Operator	unt:								•								
16. On-site Emergency Medical Treatme	1 1	ODD	_ N A T .	1.0	NA	ical Drof-	onional:	Nan-									
Not Applicable: First-Aid: CPR: EMT: X Medical Professional: None:																	
17. Part 50 Document Control Number:	(form 7000-1)			18. Ur	nion Affilia	tion of Vic	ctim: 9999	No	ne (No Un	ion Affiliatio	on)						